

North Carolina Mental Health Planning and Advisory Council
Royster Building, Room 210, Dix Campus
March 3, 2006
10:00 a.m. – 3:00 p.m.
Meeting Minutes

Members Present: Heather Burkhardt, Ed Seavey, Sheila Wall-Hill, Martin Pharr, Dan Fox, Eileen Silber, Diann Irwin, Patricia Harris, Libby Jones, Pat Solomon, Mary Reca Todd, Esther High, and Bill Jones (joined by telephone).

Others: Stephanie Townsend and Robin Bode (trainers from the National Association of Mental Health Planning and Advisory Councils), Cecilia Burrell, Kate Williams, Cynthia Vester, and Kelly Crowley (new Division employee from the Prevention and Early Intervention Team).

Staff to Council: Susan Robinson and Lisa Jackson.

Call to Order/Introductions/Approval of Minutes

Libby Jones, Chair of the Council, called the meeting to order. She welcomed everyone. Minutes from the February 20, 2006 meeting were approved and accepted with edits and corrections.

Presentations

Stephanie Townsend and Robin Bode from the National Association of Mental Health Planning and Advisory Councils came today to provide on-site technical assistance. They covered basic Planning Council training, referred to as “Planning Councils 101” which included a history of the Federal mandate around the purpose of Planning Councils, membership composition and requirements, key Council member responsibilities, and how to make meetings more meaningful for stakeholders. In summary, the Mental Health Planning and Advisory Councils are to review the Mental Health Block Grant and make recommendations, serve as advocates, and monitor, review, and evaluate the allocation and adequacy of mental health services around the state.

Robin stressed the importance of Council members speaking with one voice and reaching consensus as a group. People need to know why they are coming to the Council meetings and that their participation is making a meaningful difference. Robin and Stephanie suggested some things that the Council may want to consider in the running and operation of the meetings:

- Develop a mission/vision statement that could be printed on the agendas and minutes (this would be brief—one sentence)
- New Council members may need to be mentored by the more seasoned members of the Council
- Stick with the agenda, but have an “open mike” time when people can voice concerns
- Council members can email items for the next meeting agenda

Input from members of the North Carolina Council included comments about the challenges in supporting families with respite or child care if needed in order to attend Council meetings and also having a voice representative of members of the community, as Patricia Harris did in her presentation of the issues of military personnel, veterans and their families with significant mental health needs. Patricia Harris has been asked by Deborah Baldwin of the Center for Mental Health Services to speak at a national conference for returning veterans, as a way to begin the dialogue and promote focus on this important issue.

States are to use a specified percentage of their Mental Health Block Grant funds toward transformation. Council members were given copies of the Summary of the North Carolina MHBG Plan FFY 06-07 Criterion and Objectives to assist Council members as they review and provide input for the plan. The National Outcome Measures or NOMs were denoted on this handout as well.

The afternoon training addressed Evidence-Based Practices; Stephanie and Robin presented an overview of what constitutes Evidence-Based Practices (for both adults and children), how they compare to Best, Promising, or Emerging Practices, and why fidelity is important in Evidence-Based Practices. Evidence-Based Practices integrate clinical and medical treatment and have a background in clinical psychology. WRAP or Wellness Action Recovery Plan and peer support are best practices; promising practices are those that need more research; emerging practices haven't been replicated but are practices that are definitely being watched.

Lisa discussed the Evidence-Based Practices Center which was created by the Southern Regional Area Health Education Center in Fayetteville, North Carolina and is supported by a generous grant of The Duke Endowment. She also talked about the Mental Health Systems Transformation Grant in which four Local Management Entities (LMEs) around the state have been selected as pilot sites to develop the infrastructure for particular Evidence-Based Practice Toolkits. The four LME pilot sites are Wake County Human Services, Mental Health Services of Catawba County, CenterPoint Human Services, and The Durham Center Providing Behavioral Health and Disability Services. Evidence-Based Practices can be imbedded in the service definitions that the state currently has.

There are not as many Evidence-Based Practices for children as there are for adults; the three for children and adolescents include Multi-Systemic Therapy, Therapeutic Foster Care, and Positive Behavioral Interventions and Supports. Multi-Systemic Therapy is the only Evidence-Based Practice that is approved as a Medicaid service definition in North Carolina.

Some helpful websites regarding Evidence-Based Practices and fidelity scales are: www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/ and http://ebp.networkofcare.net/uploads/fidelityscales_6513943.htm and www.modelprograms.samhsa.gov

Members of the Council also asked for the NAMI report website in which the National Alliance for the Mentally Ill developed a report on America's health care system for serious mental illness. This website is: www.nami.org/grades

Brainstorming and Prioritizing of Council Issues

Council members discussed priorities on which they wanted to focus attention and efforts and came up with the following list:

Summary of Priorities (aligned with MHBG legislation)

Block Grant

- timeline/process
- evaluation of programs

Advocacy

- cultural competence education (PAC)
- parity

Monitoring

- Access- questions to ask

Where do we go from here?

SMART Goals

S- Specific

M- Measurable

A- Agreed upon

R- Realistic

T- Time-Limited

NAMHPAC suggested the following plan:

- identify SMART Goals
- identify barriers to achieving goal
- identify resources to achieve goal
- Action steps
- Assigning **WHO** and **WHEN**

Council issues seemed to fall into one of two categories: either Internal Issues or Program/Policy/Advocacy Issues. Below each of the following headings are the major issues from each category and the number of votes that each issue received in order of importance from the most votes to the least number of votes:

Internal Issues

-Block Grant- timeline, crosswalk with state plan, evaluations of programs, how is BG \$ really being spent? 11 votes

-PAC Meetings in different parts of the State 5 votes

- Cultural competency training for PAC, possible integration with traveling to other parts of the state 5 votes
- Training and education: legislative advocacy 3 votes
- Policies and procedures to make committees more effective 1 vote
- Quarterly Report card for the PAC: is it meeting its goals; 1 vote
- Vocabulary- common definitions and language across groups, acronyms, etc. to facilitate communication 1 vote

Program/Policy/Advocacy Issues

- Parity 10 votes
- Easy access for children and adults: service availability; identify gaps and regions, what are the right questions? 9 votes
- System of Care-multi-agency collaboration: common links, practices and legislation 4 votes
- May is Mental Health Awareness Month- public awareness project? 4 votes
- Transitional issues- resource book 3 votes
- Building a network with other advocacy groups 1 vote
- Parent involvement and family legislation 1 vote
- Veteran's issues re: mental health: May is MH month, public education, choosing insurance 1 vote

Wrap-Up

Libby Jones adjourned the meeting, thanking everyone for their participation.

Handouts

- 1) *Agenda*
- 2) *Draft Minutes from February Meeting*
- 3) *Orientation Materials*
- 4) *Planning Councils 101: Improving the Effectiveness of Your Planning Council*
- 5) *Block Grant 101*
- 6) *Understanding the Evidence-Based Practice Movement*
- 7) *Evidence-Based Healthcare: Promoting Quality, Research, and Patient Care*
- 8) *Infusing Recovery-Based Principles into Mental Health Services*
- 9) *Promising Practices Handbook: Strategies to Improve Council Effectiveness*
- 10) *Orientation Materials/SAMHSA Issues Consensus Statement on MH Recovery*
- 11) *Block Grant Reviewer Checklist (Adult and Child)*
- 12) *Summary of Existing Opportunities for NC Consumer & Family Involvement & Advocacy*
- 13) *Mental Health Planning Council Meeting Schedule for 2006*
- 14) *Summary of the North Carolina MHBG Plan FFY 06-07 Criterion and Objectives*
- 15) *National Assn. of Mental Health Planning and Advisory Council Products Order Form*